

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155580		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/14/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERVIEW HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2350 TAFT STREET GARY, IN 46404			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00097764.</p> <p>This visit was done in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey conducted on 8/23/11.</p> <p>This visit was done in conjunction with the PSR to the investigation of Complaint IN00095023 completed on 8/23/11.</p> <p>Complaint IN00097764 - Unsubstantiated due to lack of evidence.</p> <p>Survey Dates: October 12, 13, and 14, 2011</p> <p>Facility Number: 008505 Provider Number: 155580 AIM Number: 200064830</p> <p>Survey Team: Heather Tuttle, R.N. T.C. Lara Richards, R.N. Janet Adams, R.N.</p> <p>Census Bed Type: 130 SNF/NF 130 Total</p> <p>Census Payor Type: 22 Medicare 92 Medicaid 16 Other 130 Total</p> <p>Sample: 10</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	<p>Continued From page 1</p> <p>Timberview Health Care Center was found to be in compliance with 42 CFR part 483 subpart B and 410 IAC 16.2 in regard to Complaint IN00097764.</p> <p>Quality review 10/18/11 by Suzanne Williams, RN</p>			F 000			